Case: 10-40169 Document: 1 Filed: 03/12/10 Page 1 of 44

B1 (Official Form 1) (1/08)

United States Bankruptcy Court District of South Dakota					untary Petition	
Name of Debtor (if individual, enter Last, First, Mic Zediker, Cari Ann	Name of Joint De	Name of Joint Debtor (Spouse) (Last, First, Middle):				
All Other Names used by the Debtor in the last 8 ye (include married, maiden, and trade names):	ars		used by the Joint Debtor maiden, and trade names		years	
Last four digits of Soc. Sec. or Individual-Taxpayer EIN (if more than one, state all): 2601	I.D. (ITIN) No./Complete	Last four digits of EIN (if more than	Soc. Sec. or Individual-Tone, state all):	Γaxpayer I.E	D. (ITIN) No./Complete	
Street Address of Debtor (No. & Street, City, State 4610 E. 3rd, #10	& Zip Code):	Street Address of	Joint Debtor (No. & Street	et, City, Sta	te & Zip Code):	
Sioux Falls, SD	ZIPCODE 57110			ZIPCODE		
County of Residence or of the Principal Place of Bu Minnehaha	siness:	County of Residen	nce or of the Principal Pla	ace of Busin	less:	
Mailing Address of Debtor (if different from street a	address)	Mailing Address	of Joint Debtor (if differen	nt from stre	et address):	
	ZIPCODE			2	ZIPCODE	
Location of Principal Assets of Business Debtor (if	different from street address	above):				
				2	ZIPCODE	
Type of Debtor (Form of Organization) (Check one box.) ✓ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. □ Corporation (includes LLC and LLP) □ Partnership □ Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of (Check of Health Care Business Single Asset Real Es U.S.C. § 101(51B) Railroad Stockbroker Commodity Broker Clearing Bank Other Tax-Exen Check box, i Debtor is a tax-exem Title 26 of the United	ne box.) State as defined in 11 npt Entity f applicable.) pt organization under	the Petition Chapter 7 Chapter 9 Chapter 11 Chapter 12 Chapter 13	on is Filed (Chap Recc Mair Chap Recc Non Nature of 1 (Check one ly consumer 11 U.S.C. red by an ly for a	box.)	
	Internal Revenue Cod	`	hold purpose."	nouse .		
Filing Fee (Check one b	ox)	Check one box:	Chapter 11	Debtors		
Full Filing Fee attached Filing Fee to be paid in installments (Applicable attach signed application for the court's consideration is unable to pay fee except in installments. Rule 13A.	ation certifying that the debto	Debtor is a sma Debtor is not a Check if: Debtor's aggregation	Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).			
Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. Check all applicable boxes: A plan is being filed with this petition Acceptances of the plan were solicited prepetition from one or more class creditors, in accordance with 11 U.S.C. § 1126(b).					rom one or more classes of	
Statistical/Administrative Information ☐ Debtor estimates that funds will be available for distribution to unsecured creditors. ☐ Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. ☐ THIS SPACE IS F COURT USE ON						
5,0		10,001- 25,00 25,000 50,000		Over 100,000		
Estimated Assets	000,001 to \$10,000,001 S 0 million to \$50 million		000,001 \$500,000,001 00 million to \$1 billion	More than \$1 billion		
Estimated Liabilities	000,001 to \$10,000,001 S		000,001 \$500,000,001 00 million to \$1 billion	More than	1	

B1 (Official Form 1) (1/08) Page 2 Name of Debtor(s): **Voluntary Petition** Zediker, Cari Ann (This page must be completed and filed in every case) Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet) Date Filed: Case Number: Location Where Filed: None Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: None District: Relationship: Judge: Exhibit A Exhibit B (To be completed if debtor is an individual (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to whose debts are primarily consumer debts.) Section 13 or 15(d) of the Securities Exchange Act of 1934 and is I, the attorney for the petitioner named in the foregoing petition, declare requesting relief under chapter 11.) that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have Exhibit A is attached and made a part of this petition. explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. X /s/ Thomas A. Blake 3/12/10 Signature of Attorney for Debtor(s) Date Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health Yes, and Exhibit C is attached and made a part of this petition. ▼ No Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box.) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord or lessor that obtained judgment) (Address of landlord or lessor)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
 Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

filing of the petition.

B1 (Official Form 1) (1/08)

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Zediker, Cari Ann

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Cari Ann Zediker

Signature of Debtor

Cari Ann Zediker

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

March 12, 2010

Date

Х

Signature of Attorney*

X /s/ Thomas A. Blake

Signature of Attorney for Debtor(s)

Thomas A. Blake Blake Law Office 505 W 9th Ste 201 Sioux Falls, SD 57104-3603 (605) 336-1216 legaladvice@tblakelaw.com

March 12, 2010

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.
- ☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Dat

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

Case: 10-40169 Document: 1 Filed: 03/12/10 Page 4 of 44 B1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court

District of	South Dakota
IN RE:	Case No
Zediker, Cari Ann	Chapter 7
	OR'S STATEMENT OF COMPLIANCE LING REQUIREMENT
do so, you are not eligible to file a bankruptcy case, and the co whatever filing fee you paid, and your creditors will be able to	statements regarding credit counseling listed below. If you cannot ourt can dismiss any case you do file. If that happens, you will lose o resume collection activities against you. If your case is dismissed to pay a second filing fee and you may have to take extra steps
Every individual debtor must file this Exhibit D. If a joint petition is one of the five statements below and attach any documents as dire	s filed, each spouse must complete and file a separate Exhibit D. Check ected.
the United States trustee or bankruptcy administrator that outlined	use, I received a briefing from a credit counseling agency approved by d the opportunities for available credit counseling and assisted me in the agency describing the services provided to me. Attach a copy of the augh the agency.
the United States trustee or bankruptcy administrator that outlined performing a related budget analysis, but I do not have a certificate	ase, I received a briefing from a credit counseling agency approved by the opportunities for available credit counseling and assisted me in a from the agency describing the services provided to me. You must file wided to you and a copy of any debt repayment plan developed through the ded.
	pproved agency but was unable to obtain the services during the sever on the circumstances merit a temporary waiver of the credit counseling aigent circumstances here.]
you file your bankruptcy petition and promptly file a certificate of any debt management plan developed through the agency. F case. Any extension of the 30-day deadline can be granted only also be dismissed if the court is not satisfied with your reason counseling briefing.	obtain the credit counseling briefing within the first 30 days after from the agency that provided the counseling, together with a copy failure to fulfill these requirements may result in dismissal of your for cause and is limited to a maximum of 15 days. Your case may as for filing your bankruptcy case without first receiving a credit
motion for determination by the court.]	use of: [Check the applicable statement.] [Must be accompanied by a
of realizing and making rational decisions with respect to f	•
participate in a credit counseling briefing in person, by tele	ly impaired to the extent of being unable, after reasonable effort, to ephone, or through the Internet.);
☐ Active military duty in a military combat zone. ☐ 5. The United States trustee or bankruptcy administrator has de	termined that the credit counseling requirement of 11 U.S.C. § 109(h)
does not apply in this district.	
I certify under penalty of perjury that the information provid-	ed above is true and correct.

Signature of Debtor: /s/ Cari Ann Zediker

Date: March 12, 2010

B6 Summary (Form 6 - Summary) (F

United States Bankruptcy Court District of South Dakota

IN RE:		Case No
Zediker, Cari Ann		Chapter 7
	Debtor(s)	•

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 61,000.00		
B - Personal Property	Yes	3	\$ 16,700.00		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	1		\$ 72,804.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	9		\$ 36,417.69	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 1,597.49
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 1,587.00
	TOTAL	22	\$ 77,700.00	\$ 109,221.69	

Form 6 - Statistical Summary (12) 10-40169 Document: 1 Filed: 03/12/10 Page 6 of 44

United States Bankruptcy Court District of South Dakota

IN RE:		Case No
Zediker, Cari Ann		Chapter 7
	Debtor(s)	

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 5,280.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 5,280.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 1,597.49
Average Expenses (from Schedule J, Line 18)	\$ 1,587.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C	
Line 20)	\$ 1,755.98

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 1,804.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 36,417.69
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 38,221.69

36A (Official Form 6A) (12/0) ase: 10-40169	Document: 1	Filed: 03/12/10	Page 7 of 44
---------------------------------------------	-------------	-----------------	--------------

IN RE Zediker, Cari Ann		Case No	
	Debtor(s)		(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Cormor homostood located at 422 E. Main, Irana, CD 57007		-	64 000 00	64 000 00
Former homestead located at 133 E. Main, Irene, SD 57037 (2009 Co. tax assessment - \$43,181)			61,000.00	61,000.00
· , , ,				

© 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

TOTAL

61,000.00

(Report also on Summary of Schedules)

RAR (Official Form AR) (12/10) POSOC. TO TO TO DOUBLICHT. I THOU. OUT 12/10 I ago of our	B6B (Official Form 6B) (12/0) Case: 10	-40169	Document: 1	Filed: 03/12/10	Page 8 of 4
------------------------------------------------------------------------------------------	----------------------------------------	--------	-------------	-----------------	-------------

Case No.

(If known)

Debtor(s)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O DESCRIPTION AND LOCATION OF PROPERTY E	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	Cash on hand		50.00
 Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. 	Checking account		496.00
Security deposits with public utilities, telephone companies, landlords, and others.	Deposit (none - paid by ICAP)		0.00
4. Household goods and furnishings,	2 Nightstands		50.00
include audio, video, and computer equipment.	2 Twin beds		50.00
	Bedroom table lamp		20.00
Chair			25.00
	Chest freezer		100.00
	Coffee/end tables		100.00
	Dishes/flatware/pots/pans		25.00
	Dresser		100.00
	Hanging lamp		5.00
	Kitchen table and 2 stools		100.00
	Knick knacks		100.00
	Livingroom lamp		20.00
	Microwave		50.00
	Misc.		100.00
	Old TV		50.00
	PS3 and games		50.00
	Queen bed		100.00
	Recliner		50.00
	Refrigerator		200.00
	Small appliances		40.00
	Sofa		100.00
	Stove		150.00
	Tools		5.00
	Toys/games TV		25.00 200.00
	•		200.00

B6B (Official Form 6B) (12/07) - 25e: 10-40169 Document: 1 Filed: 03/12/10 Page 9 of 44

IN RE Zediker, Cari Ann

_____ Case No. ____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

	TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
6. 7. 8. 9. 10. 11. 12. 13. 14.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. Wearing apparel. Furs and jewelry. Firearms and sports, photographic, and other hobby equipment. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. Annuities. Itemize and name each issue. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. Stock and interests in incorporated and unincorporated businesses. Itemize. Interests in partnerships or joint ventures. Itemize. Government and corporate bonds and		Vacuum Wall hangings/mirrors CDs/DVDs Decorations Debtor's clothing Jewelry Camera Misc. sports equipment Weights Term Life Insurance (no cash value)		15.00 50.00 25.00 50.00 200.00 25.00 20.00 50.00 0.00
16. 17.	other negotiable and non-negotiable instruments. Accounts receivable. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars. Other liquidated debts owed to debtor including tax refunds. Give particulars. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	x	Back child support owing (Not property of the estate) (1) Earned but unpaid wages and (2) pro rata 2010 Federal Income Tax refund up to allowed exemption of \$6,000		0.00 3,404.00

B6B (Official Form 6B) (12/05/256; 10-40169	Document: 1	Filed: 03/12/10	Page 10 of 44

	TA T
Case	NO.

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

	TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE DEBTOR'S INTERES PROPERTY WITHO DEDUCTING AN' SECURED CLAIM (EXEMPTION
	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor,	x			
22.	and rights to setoff claims. Give estimated value of each. Patents, copyrights, and other intellectual property. Give particulars.	x			
23.	Licenses, franchises, and other general intangibles. Give particulars.	х			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	x			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.		2008 Pontiac Grand Prix (secured)		10,000
26.	Boats, motors, and accessories.	X			
27.	Aircraft and accessories.	X			
28.	Office equipment, furnishings, and supplies.	X			
29.	Machinery, fixtures, equipment, and supplies used in business.	X			
30.	Inventory.	X			
	Animals.	X			
32.	Crops - growing or harvested. Give particulars.	X			
33.	Farming equipment and implements.	X			
	Farm supplies, chemicals, and feed.	X			
35.	Other personal property of any kind not already listed. Itemize.	X			
			TO	TAL	16,700

B6C (Official Form 6C) (12/07) ase: 10-40169 Document: 1 Filed: 03/12/10 Page 11 of 44

Debtor(s)

IN RE Zediker, Cari Ann

_____ Case No. ___

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under: (Check one box)

Check if debtor claims a homestead exemption that exceeds \$136,875.

(If known)

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
SCHEDULE A - REAL PROPERTY			
Former homestead located at 133 E. Main, Irene, SD 57037 (2009 Co. tax assessment - \$43,181)	SDCL §§ 43-45-3	1,000.00	61,000.00
SCHEDULE B - PERSONAL PROPERTY			
Cash on hand	SDCL § 43-45-4	50.00	50.00
Checking account	SDCL § 43-45-4	496.00	496.00
2 Nightstands	SDCL § 43-45-4	50.00	50.00
2 Twin beds	SDCL § 43-45-4	50.00	50.00
Bedroom table lamp	SDCL § 43-45-4	20.00	20.00
Chair	SDCL § 43-45-4	25.00	25.00
Chest freezer	SDCL § 43-45-4	100.00	100.00
Coffee/end tables	SDCL § 43-45-4	100.00	100.00
Dishes/flatware/pots/pans	SDCL § 43-45-4	25.00	25.00
Dresser	SDCL § 43-45-4	100.00	100.00
Hanging lamp	SDCL § 43-45-4	5.00	5.00
Kitchen table and 2 stools	SDCL § 43-45-4	100.00	100.00
Knick knacks	SDCL § 43-45-4	100.00	100.00
Livingroom lamp	SDCL § 43-45-4	20.00	20.00
Microwave	SDCL § 43-45-4	50.00	50.00
Misc.	SDCL § 43-45-4	100.00	100.00
Old TV	SDCL § 43-45-4	50.00	50.00
PS3 and games	SDCL § 43-45-4	50.00	50.00
Queen bed	SDCL § 43-45-4	100.00	100.00
Recliner	SDCL § 43-45-4	50.00	50.00
Refrigerator	SDCL § 43-45-4	200.00	200.00
Small appliances	SDCL § 43-45-4	40.00	40.00
Sofa	SDCL § 43-45-4	100.00	100.00
Stove	SDCL § 43-45-4	150.00	150.00
Tools	SDCL § 43-45-4	5.00	5.00
Toys/games	SDCL § 43-45-4	25.00	25.00
TV	SDCL § 43-45-4	200.00	200.00
Vacuum	SDCL § 43-45-4	15.00	15.00
Wall hangings/mirrors	SDCL § 43-45-4	50.00	50.00
CDs/DVDs	SDCL § 43-45-4	25.00	25.00
Decorations	SDCL § 43-45-4	50.00	50.00
Debtor's clothing	SDCL § 43-45-2	500.00	500.00
Jewelry	SDCL § 43-45-2	200.00	200.00
Camera	SDCL § 43-45-4	25.00	25.00
Misc. sports equipment	SDCL § 43-45-4	20.00	20.00
Weights	SDCL § 43-45-4	50.00	50.00

R6C (Official Form 6C) (12/15/25 et al 10-40169	Document: 1	Filed: 03/12/10	Page 12 of 44
(60 (Official Form 60) (12/117) Traff		1 110 di 00, 1=, 10	

Case No. _

Debtor(s)

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT (Continuation Sheet)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
(1) Earned but unpaid wages and (2) pro rata 2010 Federal Income Tax refund up to allowed exemption of \$6,000	SDCL § 43-45-4	3,404.00	3,404.00
			_

B6D (Official Form 6D) (12/67) ase: 10-40169	Document: 1	Filed: 03/12/10	Page 13 of 44
DOD (CHICIAL FORIII OD) (12/07)			3

IN RE Zediker	r, Cari Ann		

Case	No.
Casc	110.

Debtor(s)

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 007 9130 88316			Holder of security in 2008 Pontiac Grand	T			11,804.00	1,804.00
GMAC PO Box 78252 Phoenix, AZ 85062-8252			Prix					
			VALUE \$ 10,000.00	1				
ACCOUNT NO.			Assignee or other notification for:					
GMAC PO Box 8122 Cockeyville, MD 21030-8122			GMAC					
			VALUE \$	1				
ACCOUNT NO. GMAC PO Box 380901 Bloomington, MN 55438-0901			Assignee or other notification for: GMAC					
			VALUE \$	1				
ACCOUNT NO.			Holder of mortgage on former	T	T		61,000.00	
Wells Fargo Home Mortgage PO Box 10335 Des Moines, IA 50306			homestead					
			VALUE \$ 61,000.00	1				
ocntinuation sheets attached	1	-			otota		\$ 72,804.00	\$ 1,804.00
			(Use only on la		Tota page		\$ 72,804.00	\$ 1,804.00

(Report also on Summary of Schedules.) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

D	ebtor(s)			(If known)
IN RE Zediker, Cari Ann			Case No.	
B6E (Official Form 6E) (12/07) ase: 10-40169	Document: 1	Filed: 03/12/10	Page 14 of 44	

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Stat	istical Summary of Certain Liabilities and Related Data.
liste	deport the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority don this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on Statistical Summary of Certain Liabilities and Related Data.
\checkmark	Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TY	PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
	Domestic Support Obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
	Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
	Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
	Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
	Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
	Deposits by individuals Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
	Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
	Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
	Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).
	* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.
	• continuation sheets attached

B6F (Official Form 6F) (12/07) ase: 10-40169 Docu	ument: 1 Filed:	03/12/10 Pag	ge 15 of 44
---------------------------------------------------	-----------------	--------------	-------------

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

	_						
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 09-4230			Judgment				
Accounts Management Inc. PO Box 1843 Sioux Falls, SD 57101							
A GCOLINE NO			Assignee or other notification for:	H			4,313.00
ACCOUNT NO. Robert R. Nelson Attorney At Law 5132 S. Cliff Ave., #101 Sioux Falls, SD 57108			Accounts Management Inc.				
ACCOUNT NO.			Services	П			
Ackerman Heating & A/C Inc PO Box 81 Viborg, SD 57070							82.00
ACCOUNT NO. ACS PO Box 78208 Phoenix, AZ 85062-8208			School loans				
							5,280.00
8 continuation sheets attached			(Total of th	•	age	;)	\$ 9,675.00
			(Use only on last page of the completed Schedule F. Report the Summary of Schedules and, if applicable, on the St Summary of Certain Liabilities and Related	also	tica	n ıl	\$

Debtor(s)

Case No. ___

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

HUSBAND, WIFE, JOINT, OR COMMUNITY UNLIQUIDATED CONTINGENT CODEBTOR DISPUTED CREDITOR'S NAME, MAILING ADDRESS DATE CLAIM WAS INCURRED AND AMOUNT CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE INCLUDING ZIP CODE, AND ACCOUNT NUMBER. OF CLAIM (See Instructions Above.) ACCOUNT NO. 7201104937554 Services Alltel PO Box 79033 Phoenix, AZ 85062 321.00 Assignee or other notification for: ACCOUNT NO. Alltel **Alltel Wireless** PO Box 8130 Little Rock, AR 72203-8130 Assignee or other notification for: ACCOUNT NO. Alltel LDG Financial Services, LLC PO Box 924073 Norcross, GA 30010-4073 ACCOUNT NO. 01341900854 Insurance premium **American Family Insurance** PO Box 9462 Minneapolise, MN 55440-9462 430.00 ACCOUNT NO. 588721 & 115376 Medical **Avera McKennan Hospital** & University Health Center PO Box 5045 Sioux Falls, SD 57117-5045 2,082.00 Assignee or other notification for: ACCOUNT NO. Avera McKennan Hospital **Avera McKennan Hospital** PO Box 9191 Minneapolis, MN 55480-9191 Credit card ACCOUNT NO. **5856370806022183 Buckle** PO Box 659704 San Antonio, TX 78265-9704 711.00 **1** of 8 continuation sheets attached to Subtotal 3,544.00 Schedule of Creditors Holding Unsecured Nonpriority Claims (Total of this page) (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

_____ Case No. _

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

		(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Buckle PO Box 182273 Columbus, OH 43218-2273			Assignee or other notification for: Buckle				
ACCOUNT NO. WFNNB Bankruptcy Dept. PO Box 182125 Columbus, OH 43218-2125	-		Assignee or other notification for: Buckle				
ACCOUNT NO. City Of Irene PO Box 67 Irene, SD 57037	_		Services				157.00
ACCOUNT NO. Derby's One Stop PO Box 435 Irene, SD 57037	-		Services				
ACCOUNT NO. 1723 Fischers Disposals LLC 46180 313th St Vermillion, SD 57069	-		Services				20.00
ACCOUNT NO. 5856373240067970 Gordmans PO Box 659705 San Antonio, TX 78265-9705			Credit card				
ACCOUNT NO. Gordmans PO Box 2974 Shawnee Mission, KS 66201-1374			Assignee or other notification for: Gordmans				939.00
Sheet no. 2 of 8 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Use only on last page of the completed Schedule F. Repo the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relat	t als	age Fota o o stica	e) al on al	\$ 1,279.00

_____ Case No. ___

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

		(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)		HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.			Assignee or other notification for:	П			
WFNNB Bankruptcy Dept. PO Box 182125 Columbus, OH 43218-2125			Gordmans				
ACCOUNT NO. 39424731451			Credit card	H			
JCPenney PO Box 960090 Orlando, FL 32896							729.00
ACCOUNT NO.			Assignee or other notification for:	H			729.00
JCPenney PO Box 981131 El Paso, TX 79998			JCPenney				
ACCOUNT NO.			Assignee or other notification for:	Н			
WFNNB Bankruptcy Dept. PO Box 182125 Columbus, OH 43218-2125			JCPenney				
ACCOUNT NO.			Personal Ioan	H			
Joey Jaton 108 N. Clark Ave. Irene, SD 57037							
ACCOUNT NO. 1472122			Services	H			unknown
Knology PO Box 830330 Birmingham, AL 35283-0330			33, 11333				
ACCOUNT NO.			Assignee or other notification for:	H			69.00
Knology 1241 O.G. Skinner Dr. West Point, GA 31833			Knology				
Sheet no. 3 of 8 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of th	Sub			\$ 798.00
Benediate of Creations froming Consecured (Nonphority Claims			(Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the Signmary of Certain Liabilities and Relate	T t also tatis	Γota o o tica	al n al	\$

_____ Case No. ___

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 14059662			Representing creditor	+			
M.R.S. Associates 1930 Olney Ave. Cherry Hill, NJ 08003			Topicoching oround.				5,575.00
ACCOLINE NO			Assignee or other notification for:	+			3,373.00
ACCOUNT NO. Wachovia Dealer Services PO Box 51470 Ontario, CA 91761			M.R.S. Associates				
ACCOUNT NO. 8512335186			Credit card	+			
Maurices PO Box 659705 San Antonio, TX 78265							2,099.00
ACCOUNT NO.			Assignee or other notification for:	+			2,033.00
Maurices PO Box 182273 Columbus, OH 43218-2273			Maurices				
ACCOUNT NO. WFNNB Bankruptcy Dept. PO Box 182125 Columbus, OH 43218-2125			Assignee or other notification for: Maurices				
ACCOUNT NO. 115376			Medical	+			
Mcgreevy Clinic Avera PO Box 86430 Sioux Falls, SD 57118			medical				745.00
ACCOUNT NO.			Collecting for creditor	+	-		745.00
NCO Financial Systems PO Box 4907 Trenton, NJ 08650-4907							2 427 60
Sheet no. 4 of 8 continuation sheets attached to				Sub	otota	L al	3,127.69
Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t (Use only on last page of the completed Schedule F. Repo the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relat	his p rt als Statis	oage Fota so o	e) al n al	\$ 11,546.69 \$

_____ Case No. _

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

			Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)		HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. NCO Financial Systems 507 Prudential Road Horsham, PA 19044			Assignee or other notification for: NCO Financial Systems				
ACCOUNT NO. 7714210038373288 Sam's Club PO Box 530942 Atlanta, GA 30353	_		Credit card				
ACCOUNT NO. Academy Collection Service Inc. 10965 Decatur Road Philadelphia, PA 19154-3210			Assignee or other notification for: Sam's Club				2,030.00
ACCOUNT NO. GE Money Bank Attn: Bankruptcy Dept. PO Box 103104 Roswell, GA 30076	_		Assignee or other notification for: Sam's Club				
ACCOUNT NO. Midland Credit Management PO Box 60578 Los Angeles, CA 90060-0578			Assignee or other notification for: Sam's Club				
ACCOUNT NO. Sams Club PO Box 981064 EI Paso, TX 79998-1064	_		Assignee or other notification for: Sam's Club				
ACCOUNT NO. Sanford Health PO Box 5074 Sioux Falls, SD 57117-5074			Medical				
Sheet no. 5 of 8 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of th (Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the St Summary of Certain Liabilities and Relate	als atis	age Fota o o tica	e) al n al	203.00 \$ 2,233.00

_____ Case No. ____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

		(•	Continuation Sneet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. WJJ1107911AM01			Services	H		H	
SD Department Of Corrections 3200 East Highway 34, Suite 6 C/O 500 E. Capitol Ave. Pierre, SD 57501-5070							413.00
ACCOUNT NO.			Services				
Southeastern Electric Cooperative Inc PO Box 105 Alcester, SD 57001-0105							141.00
ACCOUNT NO.			Assignee or other notification for:	Н		H	141.00
Southeastern Electric Cooperative, Inc. PO Box 388 Marion, SD 57043-0388			Southeastern Electric Cooperative Inc				
ACCOUNT NO. 048572437900001			Services			H	
Verizon Wireless PO Box 25505 Lehigh Valley, PA 18002-5505							
ACCOUNT NO.			Assignee or other notification for:				1,175.00
North Shore Agency, Inc. PO Box 4945 Trenton, NJ 08650			Verizon Wireless				
ACCOUNT NO.			Assignee or other notification for:			H	
United Collection Bureau, Inc. 5620 Southwyck Blvd., Suite 206 Toledo, OH 43614			Verizon Wireless				
ACCOUNT NO.	\vdash		Assignee or other notification for:			H	
United Collection Bureau, Inc. PO Box 1117 Toledo, OH 43537-8117			Verizon Wireless				
Sheet no. 6 of 8 continuation sheets attached to		l	<u> </u>	L Sub	tota	al	
Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of the (Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the S	is p T als atis	age Fota o o tica	e) al n al	\$ 1,729.00 \$
			Summary of Certain Liabilities and Relate	uD	aiä.	·/ L	φ

Debtor(s)

IN RE Zediker, Cari Ann

_____ Case No. ____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	
ACCOUNT NO.			Assignee or other notification for:	+				\dashv
Verizon Wireless 26935 Northwestern Hwy, Suite 100-CFS Southfield, MI 48033			Verizon Wireless					
ACCOUNT NO.			Assignee or other notification for:	+				
Verizon Wireless PO Box 660108 Dallas, TX 75266-0108			Verizon Wireless					
ACCOUNT NO. 814560918			Credit card purchases	+				_
Victoria's Secret PO Box 659728 San Antonio, TX 78265-9728							1,405.	00
ACCOUNT NO.			Assignee or other notification for:	+			1,405.	00
Asset Acceptance LLC PO Box 2036 Warren, MI 48090-2036			Victoria's Secret					
ACCOUNT NO.			Assignee or other notification for:	+				
Victoria's Secret PO Box 182273 Columbus, OH 43218-2273			Victoria's Secret					
ACCOUNT NO.			Assignee or other notification for:	+				
WFNNB Bankruptcy Dept. PO Box 182125 Columbus, OH 43218-2125			Victoria's Secret					
ACCOUNT NO. 5542-8502-0110-3001			Credit card	+				\dashv
Washington Mutual Card Services PO Box 660487 Dallas, TX 75266								
Sheet no. 7 of 8 continuation sheets attached to				Sub	otot	L al	1,193.0	00
Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t (Use only on last page of the completed Schedule F. Repo the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relat	his p rt als Statis	Tot so c	e) al on al	\$ 2,598. (00

B6F (Official Form 6F) (12/07 25 cmt. 1	0-40169	Document: 1	Filed: 03/12/10	Page 23 of 44
Bor (Official Form 6F) (12/07) - Cont.	0 .0.00			. 490 -0 0

Case No.

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

		(Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.	<u> </u>		Assignee or other notification for:	+			
WAMU PO Box 660433 Dallas, TX 75266-0433			Washington Mutual Card Services				
ACCOUNT NO. 5695			Overdraft charges	+			
Wells Fargo Bank PO Box 5058 Portland, OR 97208-5058							445.00
ACCOUNT NO. 4465-4201-8621-5927			Credit card	+			415.00
Wells Fargo Card Services PO Box 6412 Carol Stream, IL 60197-6412							2,600.00
ACCOUNT NO.			Assignee or other notification for:	+			2,000.00
Wells Fargo Card Services PO Box 10347 Des Moines, IA 50306			Wells Fargo Card Services				
ACCOUNT NO. Wells Fargo Card Services PO Box 9210 Des Moines, IA 50306	_		Assignee or other notification for: Wells Fargo Card Services				
ACCOUNT NO.	_						
ACCOUNT NO.				+			
Sheet no. 8 of 8 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub			\$ 3,015.00
Commo			(Use only on last page of the completed Schedule F. Repo the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relat	rt als Statis	Fota so o	al on al	\$ 36,417.69

B6G (Official Form 6G) (12/67) ase: 10-40169 Document:	1 Filed: 03/12/10	Page 24 of 44
IN RE Zediker, Cari Ann		Case No.
Debtor(s)		(If known)
SCHEDULE G - EXECUTORY CO	NTRACTS AND UNI	EXPIRED LEASES
Describe all executory contracts of any nature and all unexpired leases of real contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lesse lease or contract described. If a minor child is a party to one of the leases or cont such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's not contract this box if debtor has no executory contracts or unexpired.	e of a lease. Provide the names a racts, state the child's initials and name. See, 11 U.S.C. §112 and F	nd complete mailing addresses of all other parties to each it the name and address of the child's parent or guardian,
NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	STATE WHETHER I	RACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. T NUMBER OF ANY GOVERNMENT CONTRACT.
	Apartment lease only	1

B6H (Official Form 6H) (12/67) ase: 10-40169	Document: 1	Filed: 03/12/10	Page 25 of 44	
IN RE Zediker, Cari Ann			Case No	
		(If known)		

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

B6I (Official Form 6I) (12/07) Case: 10-40169 Document: 1	Filed: 03/12/10	Page 26 of 44
-----------------------------------------------------------	-----------------	---------------

201 (011101111 12) (12(07)	_
IN RE Zediker, Cari Ann	Case No.

© 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status		DEPENDENTS OF DE	BTOR AND	SPOUSE		
Single		RELATIONSHIP(S): Son (Non-Custodial) Son (**)			1	AGE(S): 12 18
EMPLOYMENT:		DEBTOR		SP	OUSE	
Name of Employer How long employed Address of Employer F	PCT 2 Avera Mckeni June 10, 2009 PO Box 5045 Bioux Falls, S					
 Current monthly gre Estimated monthly 	oss wages, sa	projected monthly income at time case filed) lary, and commissions (prorate if not paid monthly	') .	\$ \$	DEBTOR 2,075.00 \$	SPOUSE
3. SUBTOTAL4. LESS PAYROLL Ia. Payroll taxes andb. Insurancec. Union duesd. Other (specify)	Social Securi	ity	<u>.</u>	\$ \$ \$ \$ \$ \$	2,075.00 \$ 267.80 \$ \$ 209.71 \$	SS
5. SUBTOTAL OF F 6. TOTAL NET MO				\$ \$	477.51 \$ 1,597.49 \$	
8. Income from real page 9. Interest and divider	roperty nds ance or suppo ed above	of business or profession or farm (attach detailed stort payments payable to the debtor for the debtor's ment assistance	:	\$ \$ \$	\$ \$ \$	
12. Pension or retirem 13. Other monthly inc	nent income ome		: : :	\$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	<u> </u>
14. SUBTOTAL OF		IROUGH 13 OME (Add amounts shown on lines 6 and 14)		\$ \$ \$	\$ 1,597.49 \$	<u> </u>
16. COMBINED AV	ERAGE MO	DNTHLY INCOME : (Combine column totals from tal reported on line 15)		(Report also on	\$1	1,597.49

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

(If known)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: **** No support for the 18 year old (senior obtaining GED). Father incarcerated.**

Case: 10-40169	Document: 1	Filed: 03/12/10	Page 27 of 44

IN RE Zediker, Cari Ann Case No. ____

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

Continuation Sheet - Page 1 of 1

DEBTOR SPOUSE
Other Payroll Deductions:
Dental Insurance 37.38
Health Insurance 108.33
Caferteria 64.00

B61 (Official Form 61) (12/0) Case: 10-40169 Document: 1 Filed: 03/12/10 Page 28 of 44

Bus (Official Form 63) (12/67)	•
IN RE Zediker, Cari Ann	Case No

Debtor(s)	(If known

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly,
quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed
on Form22A or 22C.

Check this box	c if a joint	petition is filed	land	debtor's	spouse	maintains	a separate	household.	Complete a	separate	schedule	of
expenditures labele	ed "Spouse	."										

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	517.00
a. Are real estate taxes included? Yes No ✓		
b. Is property insurance included? Yes No		
2. Utilities:		
a. Electricity and heating fuel	\$	80.00
b. Water and sewer	\$	
c. Telephone	\$	45.00
d. Other	\$	
	\$	
3. Home maintenance (repairs and upkeep)	\$	
4. Food	\$	200.00
5. Clothing	<u>\$</u>	25.00
6. Laundry and dry cleaning	\$	20.00
7. Medical and dental expenses	\$ —	100.00
8. Transportation (not including car payments)	\$ —	175.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ ——	25.00
10. Charitable contributions	\$ ——	20.00
11. Insurance (not deducted from wages or included in home mortgage payments)	Ψ	
a. Homeowner's or renter's	\$	
b. Life	Φ	
c. Health	Ψ	
d. Auto	φ	60.00
e. Other	φ ——	00.00
e. Other	—— [¢] ——	
12. Taxes (not deducted from wages or included in home mortgage payments)	—— ₂ ——	
	•	
(Specify)	—— [©] ——	
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	—— _• ——	
a. Auto	c	315.00
	ф —	313.00
b. Other	—— \$ ——	
14 Al'	—— [‡] —	
14. Alimony, maintenance, and support paid to others	\$	
15. Payments for support of additional dependents not living at your home	\$	
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	
17. Other Misc.	\$	25.00
Student Loan Deferred	\$	
	\$	
40.447774.6774.67744.47774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.447.774.774.447.774.447.774.447.774.447.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.774.		
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if		4 505 55
applicable, on the Statistical Summary of Certain Liabilities and Related Data.	\$	1,587.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document: **None**

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$1,597.49
b. Average monthly expenses from Line 18 above	\$1,587.00
c. Monthly net income (a. minus b.)	\$ 10.49

B6 Declaration (Official Form 6-Declaration) (1207)	Document: 1	Filed: 03/12/10	Page 29 of 4
-----------------------------------------------------	-------------	-----------------	--------------

© 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Debtor(s)

Case No.

(If known)

(Print or type name of individual signing on behalf of debtor)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION LINDER PENALTY OF PERHIRY RY INDIVIDITAL DERTOR

DECL	ARATION UNDER I	ENALLY OF PERJURY BY INDIV	/IDUAL DEB	IOR
declare under penalty of perjuictue and correct to the best of m		foregoing summary and schedules, cotion, and belief.	onsisting of	24 sheets, and that they are
Date: March 12, 2010	Signature: /s	s/ Cari Ann Zediker		
		ari Ann Zediker		Debtor
Date:	Signature: _			
			[If joint	(Joint Debtor, if any case, both spouses must sign.]
DECLARATION AND	SIGNATURE OF NON-	ATTORNEY BANKRUPTCY PETITIC	ON PREPARER	(See 11 U.S.C. § 110)
compensation and have provided thand 342 (b); and, (3) if rules or gu	e debtor with a copy of t idelines have been prome e given the debtor notice	aptcy petition preparer as defined in 11 his document and the notices and informational ulgated pursuant to 11 U.S.C. § 110(h) of the maximum amount before preparing	ation required ur setting a maxim	nder 11 U.S.C. §§ 110(b), 110(h), um fee for services chargeable by
Printed or Typed Name and Title, if any If the bankruptcy petition preparer responsible person, or partner who	is not an individual, st	parer ate the name, title (if any), address, and	-	No. (Required by 11 U.S.C. § 110.) number of the officer, principal,
Address				
Signature of Bankruptcy Petition Prepare	er		Date	
Names and Social Security numbers s not an individual:	of all other individuals v	who prepared or assisted in preparing this	document, unles	ss the bankruptcy petition preparer
If more than one person prepared t	his document, attach ad	ditional signed sheets conforming to the	appropriate Offi	icial Form for each person.
A bankruptcy petition preparer's faimprisonment or both. 11 U.S.C. §		provision of title 11 and the Federal Rul	es of Bankruptcy	Procedure may result in fines or
DECLARATION U	NDER PENALTY OF	PERJURY ON BEHALF OF CORF	ORATION O	R PARTNERSHIP
		(the president or other officer of	or an authorize	d agent of the corporation or a
member or an authorized agent (corporation or partnership) nar schedules, consisting of knowledge, information, and be	ned as debtor in this c sheets (total show)	hease, declare under penalty of perjury n on summary page plus 1), and that	that I have reat they are true	ad the foregoing summary and and correct to the best of my
Date:	Signature: _			

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

B7 (Official Form 7) (12/07) Case: 10-40169 Document: 1 Filed: 03/12/10 Page 30 of 44

United States Bankruptcy Court District of South Dakota

IN RE:		Case No
Zediker, Cari Ann		Chapter 7
· · ·	Debtor(s)	-

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE
27,294.40 2007 income
24,250.97 2008 income
0.00 2008 Business income
Gross receipts - \$4,646.00
Net profit - \$4,646.00

10,964.00 2009 income

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

3,000.00 February, 2009 - IRA distribution

Case: 10-40169 Document: 1 Filed: 03/12/10 Page 31 of 44

© 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the** commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

Sioux Falls, SD 57106

133 E. Main

Irene, SD 57037

Thomas A. Blake See attorney disclosure statement attached 10. Other transfers None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) NAME AND ADDRESS OF TRANSFEREE. DESCRIBE PROPERTY TRANSFERRED RELATIONSHIP TO DEBTOR DATE AND VALUE RECEIVED Non-relative 2008 Sale of washer and dryer for \$200 b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary. 11. Closed financial accounts None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) TYPE AND NUMBER OF ACCOUNT AMOUNT AND DATE OF SALE NAME AND ADDRESS OF INSTITUTION AND AMOUNT OF FINAL BALANCE OR CLOSING **First Premier Bank Checking account** Open - \$496 Wells Fargo Bank Checking account Closed 12. Safe deposit boxes List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) 13. Setoffs List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) 14. Property held for another person None List all property owned by another person that the debtor holds or controls. NAME AND ADDRESS OF OWNER DESCRIPTION AND VALUE OF PROPERTY LOCATION OF PROPERTY Debtor stores stove and refrigerator with sister. 15. Prior address of debtor If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse. ADDRESS NAME USED DATES OF OCCUPANCY 2421 S. Main Ave. Same 6/09 to 8/09 Sioux Falls, SD 57105 4604 S. Louise Ave. Same 10/08 to 6/09

Same

2006 to 10/08

Case: 10-40169 Document: 1 Filed: 03/12/10 Page 33 of 44

16. Spouses and Former Spouses

None If the debtor res

√

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None

© 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/COMPLETE EIN

NAME Cari Zediker ADDRESS

SD Sole Proprietorship

NATURE OF BUSINESS 1099 BEGINNING AND ENDING DATES **10/08 to Spring**,

Independent contractor for "Beyond Media" (office work)

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

 \checkmark

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None a. List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the commencement of the case by the debtor.

20. Inventories

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

21. Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

22. Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

23. Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

24. Tax Consolidation Group

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

25. Pension Funds.

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: March 12, 2010	Signature /s/ Cari Ann Zediker	
	of Debtor	Cari Ann Zediker
Date:	Signature	
	of Joint Debtor	
	(if any)	
	0 continuation pages attached	

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

s	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):
In re: Zediker, Cari Ann Case Number:	☐ The presumption arises ☑ The presumption does not arise ☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

Part I. MILITARY AND NON-CONSUMER DEBTORS

Disabled Veterans. If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
Veteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
□ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends. Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard A

B22A (Official Form 22A) (Chapter 7) (12/08)

		Part II. CALCULATION	OF MONTH	LY INCO	ME FOR § 707(b)(7) E	XC	LUSION		
	Mar	ital/filing status. Check the box tha	t applies and co	omplete the	balance of this part of this	state	ement as dire	ected.	
	a. 🗹	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.							
	b. 🗌	Married, not filing jointly, with deepenalty of perjury: "My spouse and are living apart other than for the p Complete only Column A ("Debt	l I are legally s urpose of evad	eparated uning the requ	der applicable non-bankru airements of § 707(b)(2)(A	ptcy	law or my sp	pouse and I	
2	c. [Married, not filing jointly, without Column A ("Debtor's Income")					above. Con	nplete both	
	d. 🗌	Married, filing jointly. Complete l Lines 3-11.	ooth Column A	A ("Debtor	's Income") and Column	B ("	Spouse's In	come") for	
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.				I	olumn A Debtor's Income	Column B Spouse's Income		
3	Gros	ss wages, salary, tips, bonuses, ove	ertime, commis	ssions.		\$	1,755.98	\$	
4	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.								
•	a.	Gross receipts		\$					
	b.	Ordinary and necessary business e	xpenses	\$					
	c.	Business income		Subtract L	ine b from Line a	\$		\$	
_	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.				umber less than zero. Do				
5	a.	Gross receipts		\$					
	b.	Ordinary and necessary operating	expenses	\$					
	c.	Rent and other real property incor	ne	Subtract L	ine b from Line a	\$		\$	
6	Inte	rest, dividends, and royalties.				\$		\$	
7	Pens	ion and retirement income.				\$		\$	
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.					\$		\$	
9	How was a	mployment compensation. Enter the ever, if you contend that unemployr a benefit under the Social Security Amn A or B, but instead state the amount of the social Security Amn A or B, but instead state the amount of the social Security Amn A or B, but instead state the amount of the social Security Amn A or B, but instead state the amount of the social Security Amn A or B, but instead state the amount of the social Security Amn A or B, but instead state the amount of the social Security Amn A or B, but instead state the amount of the social Security Amn A or B, but instead state the amount of the social Security Amn A or B, but instead state the amount of the social Security Amn A or B, but instead state the amount of the social Security Amn A or B, but instead state the amount of the social Security Amn A or B, but instead state the amount of the social Security Amn A or B, but instead state the amount of the social Security Amn A or B, but instead state the amount of the social Security Amn A or B, but instead state the amount of the social Security Amn A or B, but instead state the amount of the social Security Amn A or B, but instead state the amount of the social Security Amn A or B, but instead state the amount of the social Security Amn A or B, but instead state the social Security Amn A or B, but instead state the social Security Amn A or B, but instead state the social Security Amn A or B, but instead state the social Security Amn A or B, but instead state the social Security Amn A or B, but instead state the social Security Amn A or B, but instead state the social Security Amn A or B, but instead state the social Security Amn A or B, but instead state the social Security Amn A or B, but instead state the social Security Amn A or B, but instead state the social Security Amn A or B, but instead state the social Security Amn A or B, but instead state the social Security Amn A or B, but instead state the social Security Amn A or B, but instead state the social Security Amn A or B, but instead state the soci	nent compensa Act, do not list	tion receive the amount	d by you or your spouse				
	clai	employment compensation imed to be a benefit under the cial Security Act	Debtor \$		Spouse \$			•	

B22A (Official Form 22A) (Chapter 7) (12/08)

10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.					
	a.	\$				
	b.	\$				
	Total and enter on Line 10		\$		\$	
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 1 and, if Column B is completed, add Lines 3 through 10 in Column B. Enter		\$ 1	,755.98	\$	
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.					1,755.98
	Part III. APPLICATION OF § 707(B)(7) I	EXCLUSION				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amou 12 and enter the result.	nt from Line 12 b	y the nu		\$	21,071.76
14	Applicable median family income. Enter the median family income for the household size. (This information is available by family size at www.usdoj.g the bankruptcy court.)			of		
	a. Enter debtor's state of residence: South Dakota b. Enter	r debtor's househ	old size:	: _2	\$	54,331.00
	Application of Section707(b)(7). Check the applicable box and proceed as	directed.				
15	The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII.					
	☐ The amount on Line 13 is more than the amount on Line 14. Comple	ete the remaining	parts of	this state	mer	ıt.
	Complete Parts IV, V, VI, and VII of this statement on	ly if required.	(See I	Line 15	.)	

		Part IV. CALCULATION OF CURRENT MONTHLY INCOME FO	OR § 707(b)(2)			
16	Ente	r the amount from Line 12.		\$		
17	Line debto paym debto	Ital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any 11, Column B that was NOT paid on a regular basis for the household expenses of the pr's dependents. Specify in the lines below the basis for excluding the Column B incoment of the spouse's tax liability or the spouse's support of persons other than the debt pr's dependents) and the amount of income devoted to each purpose. If necessary, list timents on a separate page. If you did not check box at Line 2.c, enter zero.	e debtor or the me (such as or or the			
	a.		\$			
	b.		\$			
	c.		\$			
	Tot	al and enter on Line 17.		\$		
18	Curr	rent monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the re	esult.	\$		
Part V. CALCULATION OF DEDUCTIONS FROM INCOME						
		Subpart A: Deductions under Standards of the Internal Revenue Ser	vice (IRS)			
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					

B22A (Official Form 22A) (Chapter 7) (12/08)

19B	National Standards: health care. E Out-of-Pocket Health Care for perso Out-of-Pocket Health Care for perso www.usdoj.gov/ust/ or from the clerl your household who are under 65 ye household who are 65 years of age o the number stated in Line 14b.) Mult members under 65, and enter the reso household members 65 and older, an health care amount, and enter the reso	ons under 65 years of age ins 65 years of age ins of age, and enter older. (The total tiply Line a1 by Lult in Line c1. Mund enter the result	of age or old of cour ter in I numbline b1	e, and in Line a der. (This infor t.) Enter in Lin Line b2 the numer of househol to obtain a tot Line a2 by Lin	a2 the IRS Nation rmation is availate b1 the number of member of members must all amount for hole b2 to obtain a	nal Standards for ble at r of members of s of your t be the same as busehold total amount for	
	Household members under 65 ye	ars of age	Hous	sehold memb	ers 65 years of a	age or older	
	a1. Allowance per member		a2.	Allowance p	er member		
	b1. Number of members		b2.	Number of r	nembers		
	c1. Subtotal		c2.	Subtotal			\$
20A	Local Standards: housing and utiliand Utilities Standards; non-mortgaginformation is available at www.usdo	ge expenses for the	e appli	cable county a	and household six		\$
	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.						
20B	a. IRS Housing and Utilities Standards; mortgage/rental expense				\$		
	b. Average Monthly Payment for any debts secured by your home, if						
	any, as stated in Line 42		\$				
	c. Net mortgage/rental expense				Subtract Line b	o from Line a	\$
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:						\$
	Local Standards: transportation;		n/publi	c transportat	ion expense. Yo	ou are entitled to	Ψ
	an expense allowance in this categor and regardless of whether you use pu	y regardless of wh	hether :	-	-		
22.4	Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.						
22A	☐ 0 ☐ 1 ☐ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards:						
	Transportation. If you checked 1 or 2	2 or more, enter of	n Line	22A the "Ope	rating Costs" an	nount from IRS	
	Local Standards: Transportation for Statistical Area or Census Region. (7)						
	of the bankruptcy court.)				<u> </u>		\$
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at						
	www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					\$	

B22A (Official Form 22A) (Chapter 7) (12/08)

	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)				
	\square 1 \square 2 or more.				
	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS				
23	Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42;				
	subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle 1, as b. stated in Line 42	\$			
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	\$		
	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.				
	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS	Local Standards:			
	Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bathe total of the Average Monthly Payments for any debts secured by Vehic				
24	subtract Line b from Line a and enter the result in Line 24. Do not enter a				
	a. IRS Transportation Standards, Ownership Costs, Second Car	\$			
	Average Monthly Payment for any debts secured by Vehicle 2, as b. stated in Line 42	\$			
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a	\$		
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment				
	taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.				
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues,				
20	and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.				
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay				
21	for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.				
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are				
20	required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.				
	Other Necessary Expenses: education for employment or for a physically or mentally challenged				
29	child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for				
	whom no public education providing similar services is available.				
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend				
30	on childcare — such as baby-sitting, day care, nursery and preschool. Do not include other education payments.				
	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually				
31	expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in				
	Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.				
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that				
	you actually pay for telecommunication services other than your basic home telephone and cell phone service — such as pagers, call waiting, caller id, special long distance, or internet service — to the extent				
	necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.				
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.		\$		
	•	_	ı		

B22A (Official Form 22A) (Chapter 7) (12/08)

			dditional Living Expense Deductions ny expenses that you have listed in Lines 19-32	
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.			
34	a.	Health Insurance	\$	
	b.	Disability Insurance	\$	
	c.	Health Savings Account	\$	
	Tota	l and enter on Line 34		\$
	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:			
35	\$ Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.			\$
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.		\$	
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.		\$	
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.			\$
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.			\$
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).		\$	
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40			\$

B22A (Official Form 22A) (Chapter 7) (12/08)

Subpart C: Deductions for Debt Payment Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42. Average Does payment 42 Monthly include taxes or Name of Creditor Payment Property Securing the Debt insurance? \$ yes no \$ b. yes no \$ yes no c. Total: Add lines a, b and c. \$ Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents. you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. 43 1/60th of the Name of Creditor Cure Amount Property Securing the Debt \$ b. Total: Add lines a, b and c. \$ Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, 44 such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28. \$ Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense. Projected average monthly chapter 13 plan payment. Current multiplier for your district as determined under 45 schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy X court.) Total: Multiply Lines a Average monthly administrative expense of chapter 13 case and b \$ \$ 46 **Total Deductions for Debt Payment.** Enter the total of Lines 42 through 45. **Subpart D: Total Deductions from Income** 47 Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.

B22A (Official Form 22A) (Chapter 7) (12/08)

Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION					
49	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))				
	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))		\$		
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the		D		
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.				
	Initial presumption determination. Check the applicable box and proceed as directed.				
52	The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.				
	The amount set forth on Line 51 is more than \$10,950. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.				
	☐ The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Lines 53 though 55).				
53	Enter the amount of your total non-priority unsecured debt		\$		
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.		\$		
	Secondary presumption determination. Check the applicable box and proceed as directed.				
55	The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.				
55	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.				
	Part VII. ADDITIONAL EXPENSE CLAIMS				
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.				
	Expense Description	Monthly A	mount		
56	a.	\$			
	b.	\$			
	c.	\$			
	Total: Add Lines a, b and c	\$			
Part VIII. VERIFICATION					
	I declare under penalty of perjury that the information provided in this statement is true and co both debtors must sign.)	orrect. (If this a	joint case,		
57	Date: March 12, 2010 Signature: /s/ Cari Ann Zediker				
	(Debtor)				
	Date:Signature:(Joint Debtor, if any)				

United States Bankruptcy Court District of South Dakota

© 1993-2009 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

	District of	South Dakota	
IN RE:			Case No.
Zediker, Cari Ann			Chapter 7
	Debtor(s)		
CHAPTE	R 7 INDIVIDUAL DEBT	OR'S STATEMEN	NT OF INTENTION
PART A – Debts secured by proper estate. Attach additional pages if ne		be fully completed for	EACH debt which is secured by property of the
Property No. 1			
Creditor's Name: GMAC			ty Securing Debt: and Prix (secured)
Property will be (check one): ☐ Surrendered ✓ Retained			
If retaining the property, I intend to ☐ Redeem the property ✔ Reaffirm the debt ☐ Other. Explain	o (check at least one):	(for	example, avoid lien using 11 U.S.C. § 522(f)).
Property is (check one): ☐ Claimed as exempt ✓ Not c	laimed as exempt		
Property No. 2 (if necessary)			
Creditor's Name: Wells Fargo Home Mortgage		Describe Property Securing Debt: Former homestead located at 133 E. Main, Irene, SD 57037 (2	
Property will be (check one): ✓ Surrendered ☐ Retained			
If retaining the property, I intend to Redeem the property Reaffirm the debt Other. Explain	o (check at least one):	(for	example, avoid lien using 11 U.S.C. § 522(f)).
Property is (check one): ✓ Claimed as exempt ☐ Not c	laimed as exempt		
PART B – Personal property subject additional pages if necessary.)	to unexpired leases. (All three	e columns of Part B mi	ust be completed for each unexpired lease. Attach
Property No. 1			
Lessor's Name: Describ		d Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): Yes No
Property No. 2 (if necessary)			
Lessor's Name: Describe Leased		d Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): ☐ Yes ☐ No
continuation sheets attached (if	any)		
I declare under penalty of perjury personal property subject to an u		y intention as to any	property of my estate securing a debt and/or
Date: March 12, 2010	/s/ Cari Ann Zedik Signature of Debto		

Signature of Joint Debtor